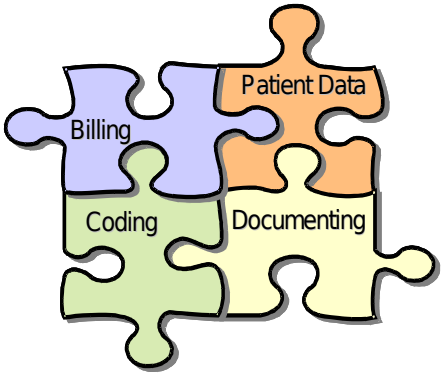
CORE COMPETENCIES

2005 UBU/UBO Conference
UBO Advanced (Track 4)

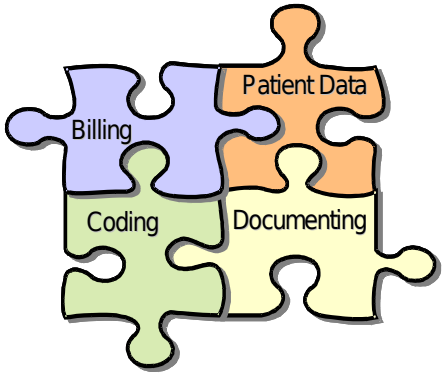


Thursday - May 19

Contents:

1. Billing Payor Education (Severson, Bonnie)
2. Billing Obstetrics Care (Yoder, Lt Col Jeanne)
3. Compliance (Watnik, Robbi-Lynn)
4. OHI – Wheel of Fortune (Sweny, Tabhan , Collins, McClary, Pelky, Noya, and Hall)
5. Conference Wrap-up (Yoder, Lt Col Jeanne)

CORE COMPETENCIES

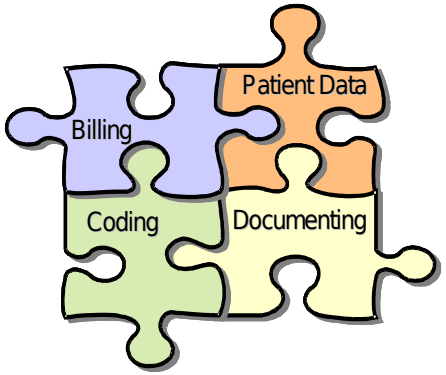


Billing Payor Education

Bonnie Severson
Thursday, May 19, 2005
8:00 – 9:00
Track 4, UBO Advanced

CORE COMPETENCIES

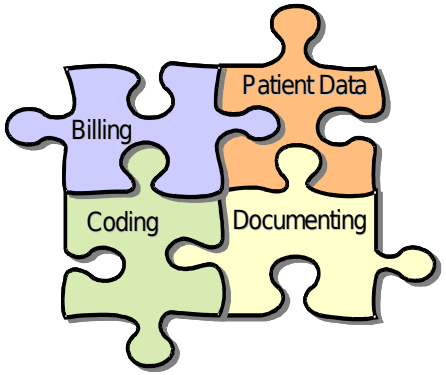
Objective



- **Learn effective strategies to work with payors.**

CORE COMPETENCIES

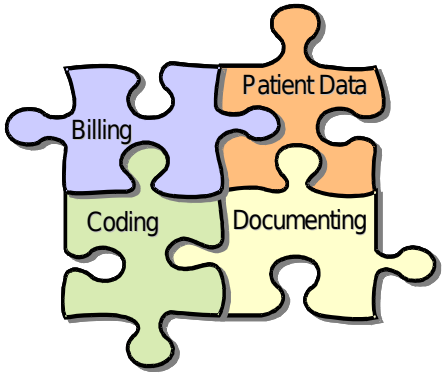
Payor Contact



- **Claims Office Leadership**
- **Provider Relations Representatives**
- **Compliance Officers**
- **Legal Unit**

CORE COMPETENCIES

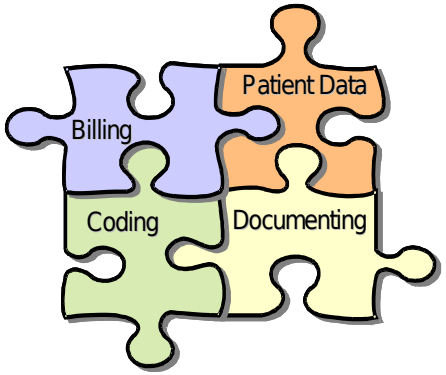
Claims Office Leadership



- **Know who you are talking to and their ability to act on your need**
- **Elevate your issue to highest level possible**
- **Be prepared to spend time in this effort**
- **Be prepared with ability to send data**
  - CFR
  - Reports

CORE COMPETENCIES

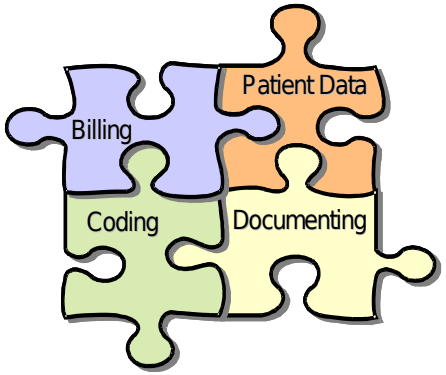
Provider Relations



- **Know your high volume Payor Provider Representative Name**
- **Review with them where they are not compliant**
- **Request their plan to gain compliance**
- **They desire to be in compliance**

CORE COMPETENCIES

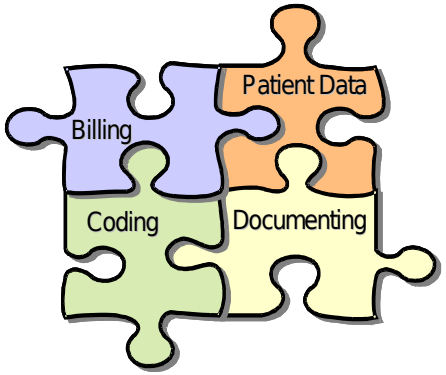
Payor's Compliance Officer



- **Contact when claims are found to be in large volume non compliant with CFR**
- **Review all areas of non compliance**
- **Find out if you are doing something that is causing confusion resulting in errors and non compliance.**
- **Determine if you can alter these items – Wrong NCPDP, no Provider #**

CORE COMPETENCIES

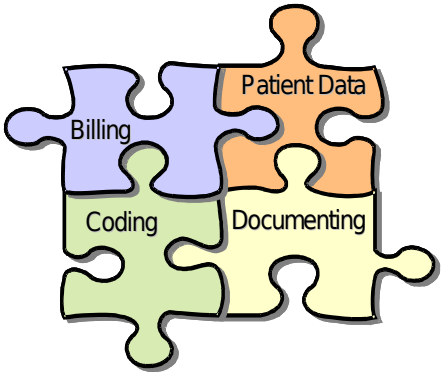
Example # 1



- **Argus – EOB's come weeks after their Checks They have informed us they are working to rectify this and we are getting weekly updates.**

CORE COMPETENCIES

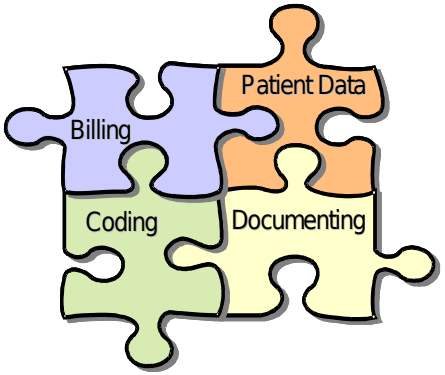
Example # 2



- **Blue Cross plan previously required 9 different Provider # for claims – impossible to achieve in TPOCS or manually with any accuracy. As of April we are down 3.**
  - a) Lab/Rad
  - b) Pro Fees/1500
  - c) UB-92's excluding Lab/rad

CORE COMPETENCIES

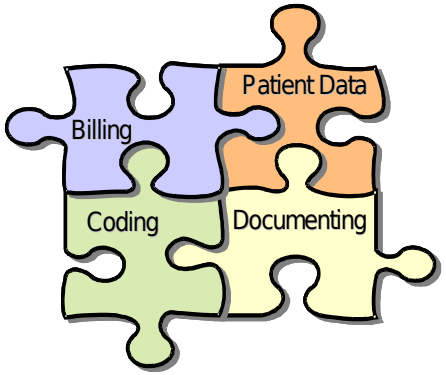
Example # 3



- Teamsters group was reducing claims for out of network. We have this month April 05 received notification that they agree with us that per the CFR that is inaccurate. They are going to go back and reprocess claims for us correcting their incorrect payments**. There were both inpatient and outpatient claims affected by this error.**

CORE COMPETENCIES

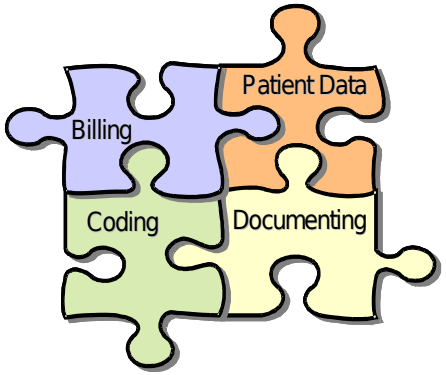
Example # 4



- **Payors or PBM's not paying claims without a Medicare EOB.**
- **Education is ongoing on this matter but success is being achieved with various payors.**

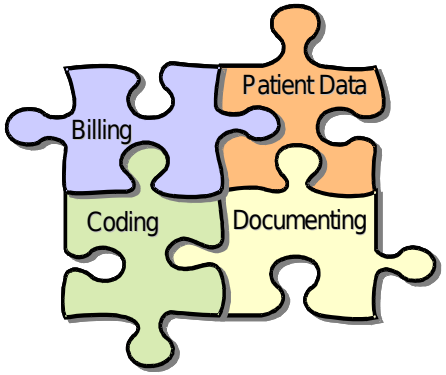
CORE COMPETENCIES

Conclusion



QUESTIONS?

CORE COMPETENCIES



Billing Obstetrics Care

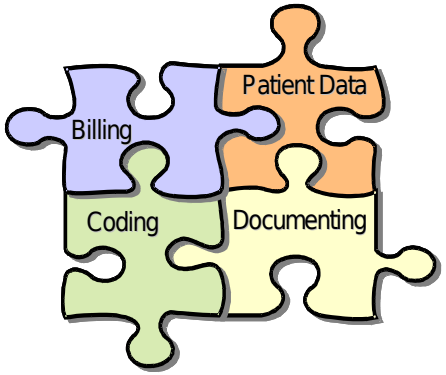
Lt Col Yoder

Thursday 0900

Track 4

CORE COMPETENCIES

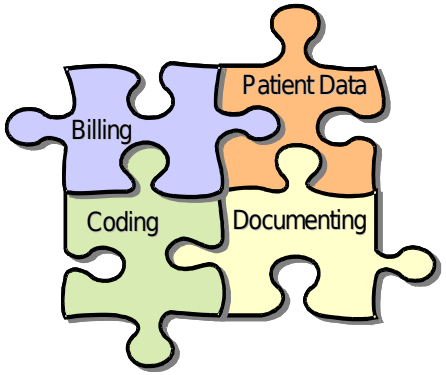
Objectives



- Understand civilian obstetrical coding
- Understand the military health system (MHS) billing system
- Understand how to bill routine OB outpatient services
- Understand how to bill inpatient OB services

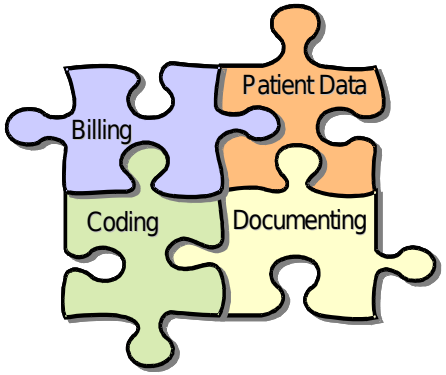
CORE COMPETENCIES

Civilian Outpatient OB Coding



- Clump Codes (Inpatient and outpatient combined)
- 59400 – Routine OB including antepartum, vaginal delivery and postpartum care
- 59510 – Routine OB including antepartum, C-section and postpartum
- 59610 – Routine OB including antepartum, VBack and postpartum

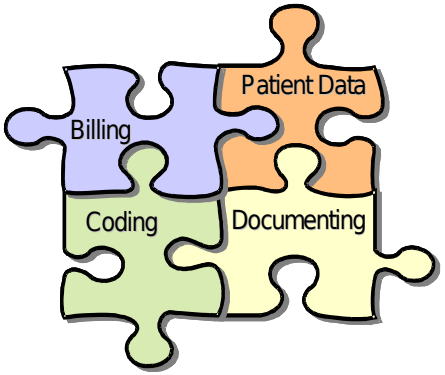
Civilian Outpatient OB Coding



- Clump Codes
- 59425 – 4-6 routine OB outpatient visits
- 59426 – 7-13 routine OB outpatient visits
- 59430 – Postpartum care only

CORE COMPETENCIES

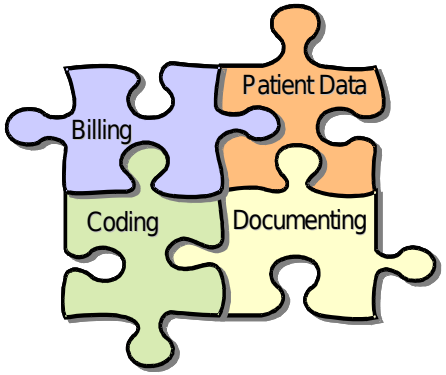
OB Codes



- 0500F – Initial prenatal care visit
- 0501F – Prenatal flow sheet documented in medical record by first prenatal visit
- 0502F – Subsequent prenatal care visit
- 0503F – Postpartum care visit

CORE COMPETENCIES

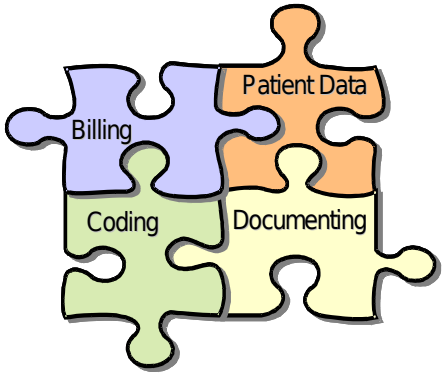
Civilian Inpatient OB Coding



- 59409 Vaginal delivery only
- 59514 C-section delivery only
- 59612 Vaginal after previous Cesarean delivery only

CORE COMPETENCIES

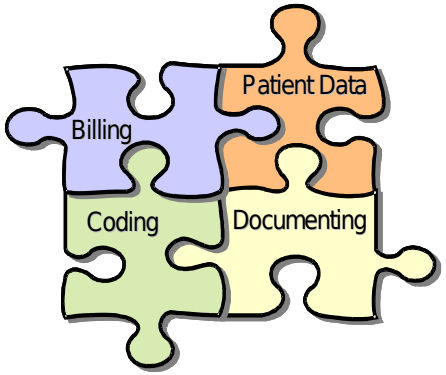
TPOCS Billing Limitations



- "Clump Codes"
  - TPOCS will not "collect" individual codes until a flag, add them up, and bill
  - Only bill "outpatient"

CORE COMPETENCIES

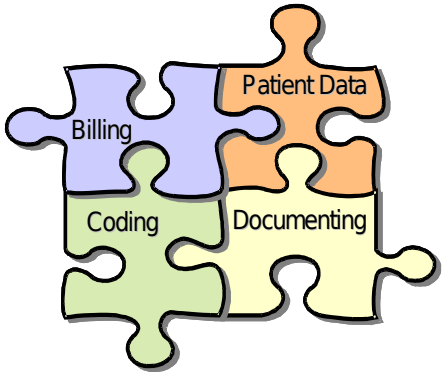
MSA Billing Limitations (Inpatient Billing)



- Both professional and institutional bills included in the Adjusted Standardized Amount (ASA)
- Workload based on the Relative Weighted Product (RWP) which is based on the Diagnosis Related Group (DRG)
- Inpatient professional services (including anesthesia and OB provider) is 3.5% of the total inpatient price

CORE COMPETENCIES

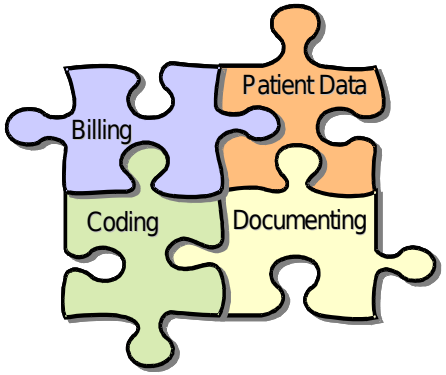
Billing Routine Outpatient OB Services



- Work with your systems people
  - Generate a monthly ad hoc that reports:
  - Pt name, all encounters with 0500F, 0501F, 0503F, 59430; date of last menstrual period (LMP)
  - When you see a patient with a 0503F or 59430, that means there is an outcome of pregnancy
  - Count up all the 0500F, 0501F and 0503F
    - For 4-6 encounters, bill 59425
    - For 7+ encounters, bill 59426
    - If fewer than 4 encounters, ask coders to recode the encounters based on documentation for regular E&M, then bill those
  - The encounter coded with 59430 will generate its own bill

CORE COMPETENCIES

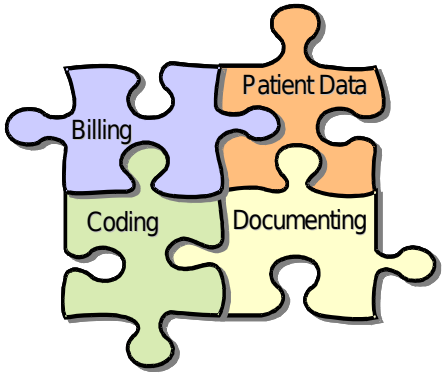
Billing Routine Inpatient OB Services



- Bill is only for the delivery component, it does not include the antepartum or postpartum care
- It is not illegal as billing this way generates a bill less than if it was 59400

CORE COMPETENCIES

Objectives



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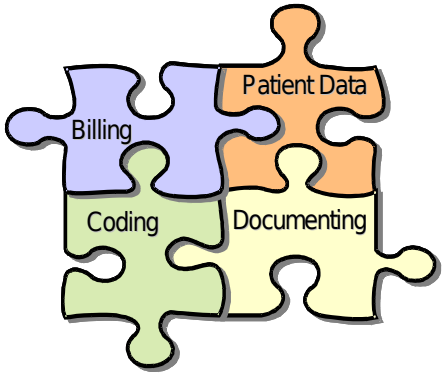
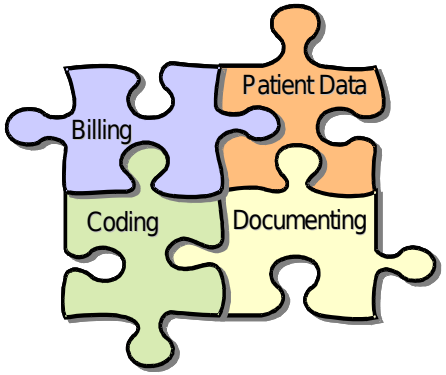
CORE COMPETENCIES



Questions?

CORE COMPETENCIES

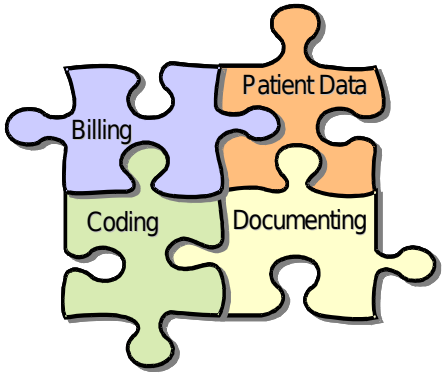


Compliance

Robbi-Lynn Watnik, Esq.
UBO Support Contractor

UBO/UBU Annual Conference
Track 4 – UBO Advanced
19 May 2005

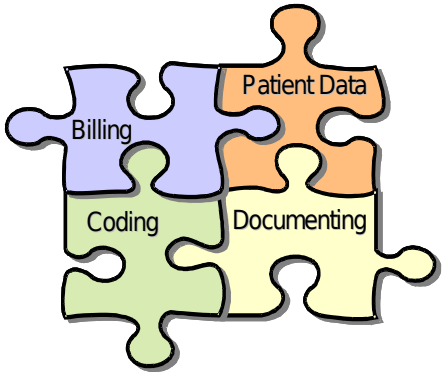
Objectives



- Understand best practices for healthcare compliance.
- Understand the billing risk areas in MTFs.
- Know how to conduct audits.
- Know how to detect and respond to allegations of fraud, abuse or waste.

CORE COMPETENCIES

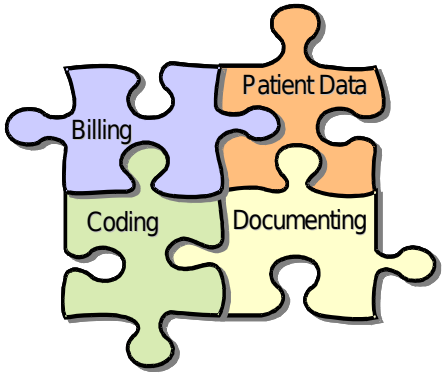
Overview



- Compliance resource – HHS OIG
- Advantages of compliance:
  - Helps to prevent healthcare billing fraud, waste, abuse, and mismanagement
  - Supports the overall mission of providing quality health care

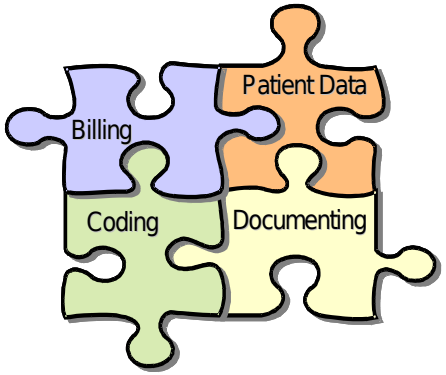
CORE COMPETENCIES

Overview



- Use as tool to develop internal controls
  - Promote adherence to Federal law.
- The tool can be applied to MSA, TPC, and MAC Programs
  - Any additional DoD healthcare billing activities
    - e.g., DoD/VA Resource Sharing Agreements.

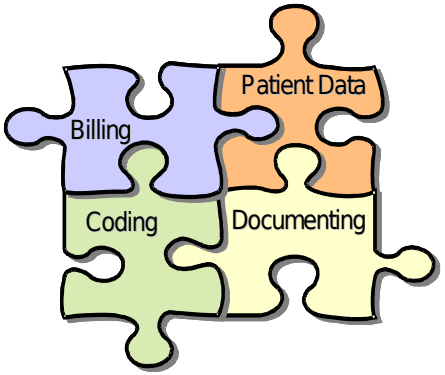
Overview



- MTFs should document adherence to the guidance.
- Service UBO Manager should have a copy of the MTF's policies and procedures.

CORE COMPETENCIES

Program Requirements

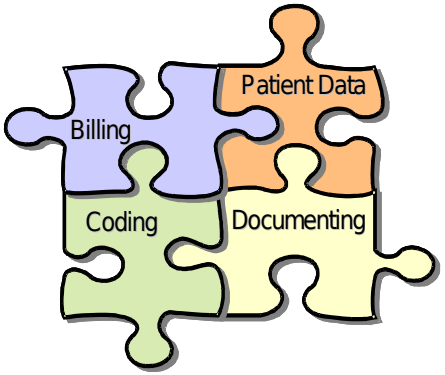


- Minimum compliance program elements:
  - Written policies and procedures, including standards of conduct, to validate the facility's commitment to compliance.
  - Regular, monitored education and training programs for all affected employees.
  - Effective and efficient lines of communication.
  - Enforcement of standards

    Know the regs!

CORE COMPETENCIES

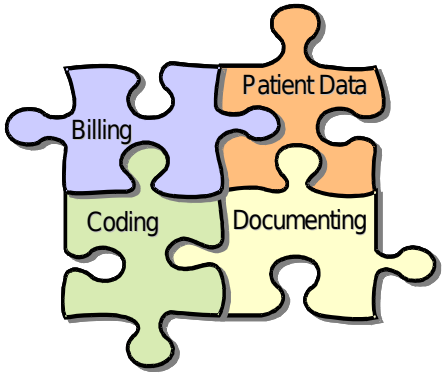
Program Requirements



- Periodic internal audits per the Services and MTF Commanders
- Other evaluation techniques to monitor compliance and assist reducing identified problem areas.
- Examples of KPIs include:
  - Registration error rates;
  - Identified under-payments; and
  - Collections as a percentage of net revenues.

CORE COMPETENCIES

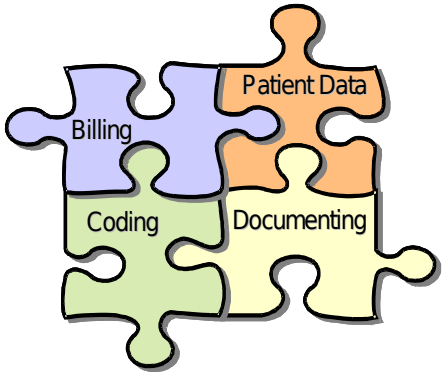
Program Requirements



- To respond to detected offenses and take corrective action, plan should refer to
  - IG
  - Internal review and audit activities
  - external audit and review agencies, and
  - criminal investigation activities procedures

CORE COMPETENCIES

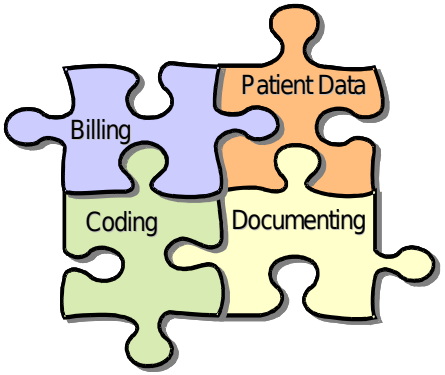
Written Policies and Procedures



Standards of Conduct

- Facility's commitment to compliance
  - Ensures delivery of quality health care in an ethical environment.
    - Individual facility's mission;
    - Goals;
    - Expectation of adherence to compliance policies and procedures by *all* employees.
- Document must be easily understood.

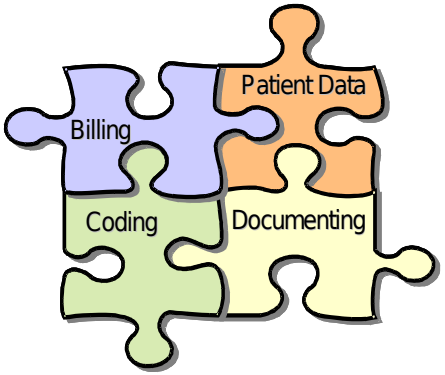
Billing Risk Areas



- Using improper DoD billing rates (e.g., third party versus inter-agency);
- Upcoding;
- Changing source and procedure codes for higher reimbursement;
- Using incorrect evaluation and management codes denoting a higher intensity or level of care than provided;

CORE COMPETENCIES

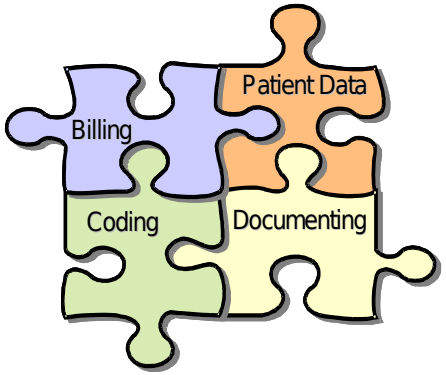
Billing Risk Areas



- Charging for services without appropriate provider documentation or substantiation;
- Billing for services without an established rate;
- Billing clinic visits as same day surgeries (e.g., ambulatory procedure visits);

CORE COMPETENCIES

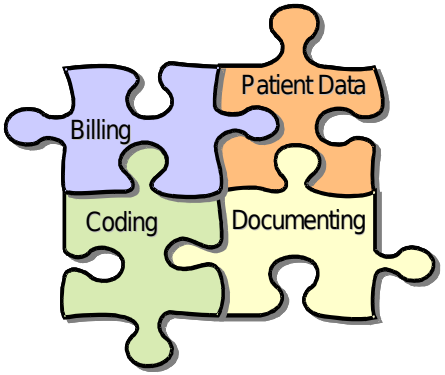
Billing Risk Areas



- Billing Medicare Health Maintenance Organizations (HMOs) for other than civilian emergencies (and at an incorrect rate)
- Accepting over payments from Medicaid or commercial payers unless otherwise advised by TMA
- Commingling third party and medical service accounts
- Destroying years of partially paid, or otherwise improperly denied claim documentation or accounts receivables
  - 6 year statute of limitations

CORE COMPETENCIES

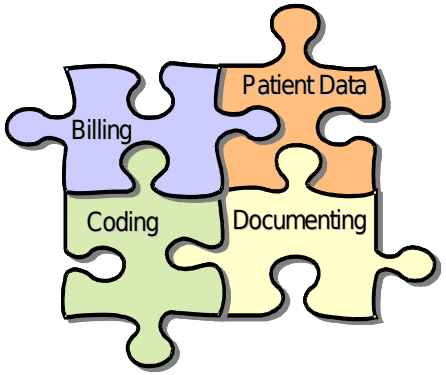
Billing Risk Areas



- Failing to implement or follow marginal internal fiscal controls
  - Separation of duties such as:
    - Creation and submission of bills
    - Mail and check receipt
    - Posting, logging and prompt depositing of checks and
    - Entries to financial reports
- Failing to record receivables, checks, or payments accurately and promptly

CORE COMPETENCIES

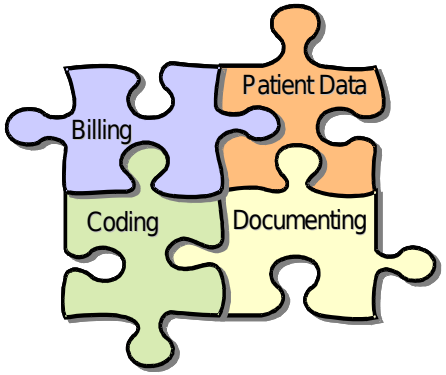
Billing Risk Areas



- Reconciling financial records and reports
  - Invoices & Receipts, Cash Collection Vouchers [DD Form 1131]
  - Reports of Program Results [DD Form 2570s]
  - Daily Activity Logs
  - Monthly MSA Reports and
  - Reports of Treatment Furnished Pay Patients
- Ensuring an adequate audit trail of all financial receipts—again, to avoid concealing improper billing practices

CORE COMPETENCIES

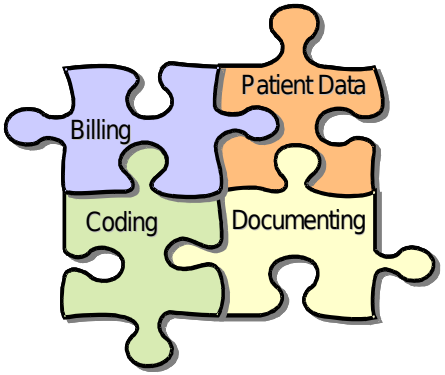
Billing Risk Areas



- Impeding investigations
- Medical facility administration overlooking or disregarding, defending, and affirmatively concealing the MTF's illegal billing practices

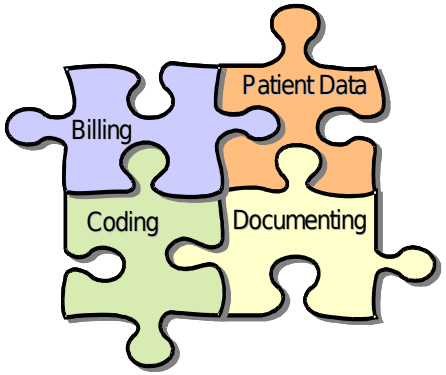
CORE COMPETENCIES

Claims Development and Submission Process



- Timely and legible documentation of all professional and technical services provided
- Diagnoses and procedures claimed must be based on the medical record
  - Provide coding staff access to the documentation to validate code assignment
- Only process claims when the documentation is evident

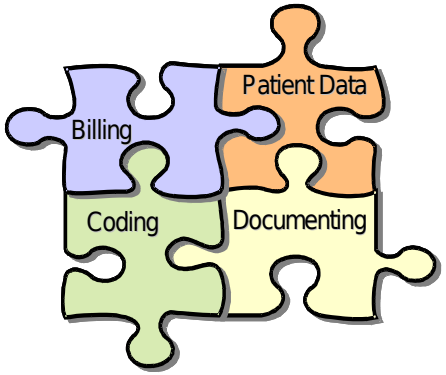
HIPAA Compliance



Privacy

- HIPAA requires certain steps when using or disclosing patient health information (protected health information [PHI])
- Facilities must adhere to the HHS Office of Civil Rights
  - Implemented by DoD privacy policies

HIPAA Compliance

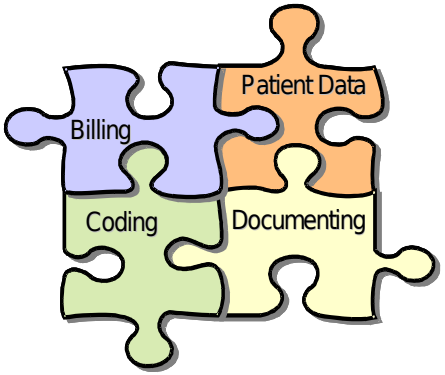


Privacy (cont'd.)

- Good faith effort to ensure that:
  - The Notice of Privacy Practices (NoPP) is posted in a public area
  - Patients are given a copy of the notice and
  - All patients acknowledge, in writing, receipt of the NoPP

CORE COMPETENCIES

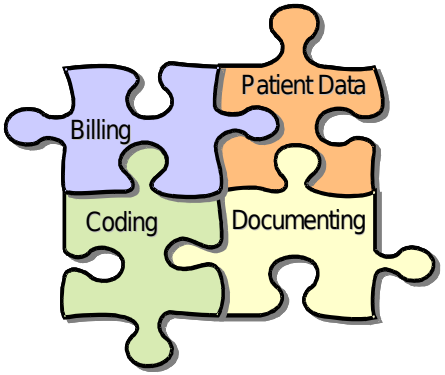
HIPAA Compliance



Standardized Electronic Transactions

- Adoption of standards from among those approved by private standards developing organizations for certain electronic health transactions:
  - claims,
  - enrollment,
  - eligibility,
  - payment, and
  - coordination of benefits.

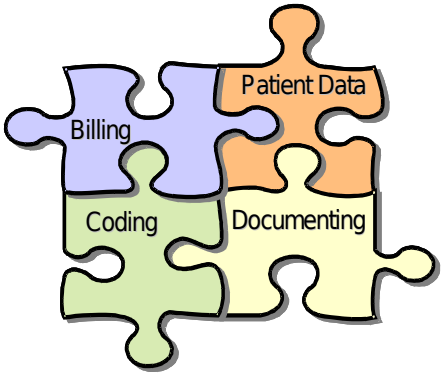
HIPAA Compliance



Electronic Security

- Information transmitted electronically should have appropriate safeguards.
- Additional information may be found at the CMS and TMA Web sites.

Record Retention

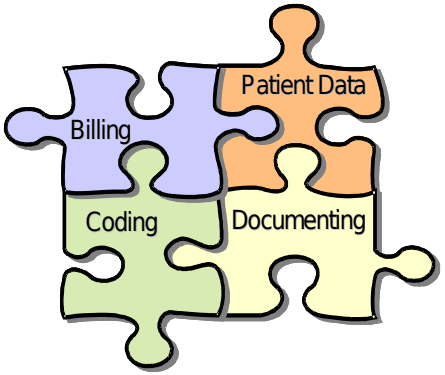


Records Information Management Program

- Policies and procedures detailing:
  - Creation;
  - Distribution;
  - Retention;
  - Storage;
  - Retrieval; and
  - Destruction of documents.

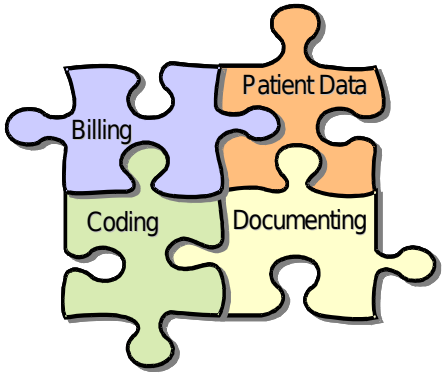
CORE COMPETENCIES

Record Retention



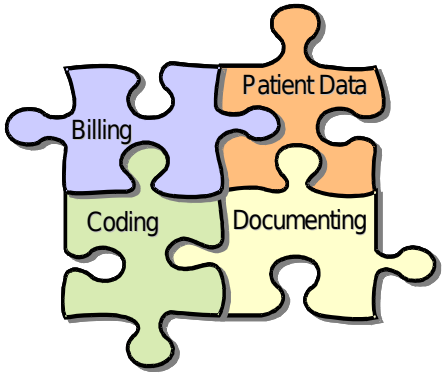
- Records substantiate the effectiveness of a compliance program.
  - Training records;
  - Reports from the hotline;
  - Investigations of any allegations of suspected fraud; and
  - The results of audits.

Compliance Officer



- The UBO Compliance Officer must have direct access to the MTF command group.
- UBO Compliance Officer could be:
  - Chief of the Patient Administration Division;
  - The Chief of Resource Management; or
  - A member of the MTF's Internal Review and Audit Department.

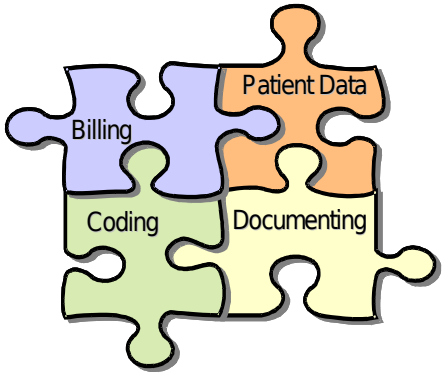
Compliance Officer



Role

- Oversee and monitor implementation of the Compliance Program.
- Periodically review the program to ensure relevance and compliance with current Federal laws, DoD and Service policy.
  - Update as needed

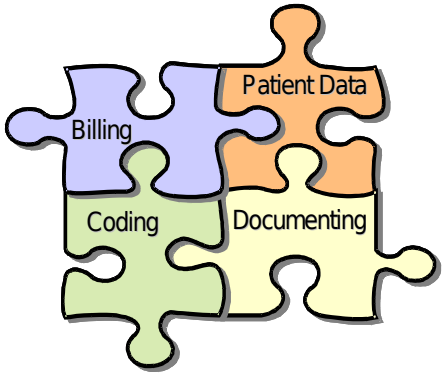
Compliance Officer



Role (cont'd.)

- Ensure the components of the Compliance Program are implemented.
- Ensure that contractors, vendors and agents involved with the facility are aware of the facility's compliance program and its respective coding and billing policies and procedures.

Compliance Officer

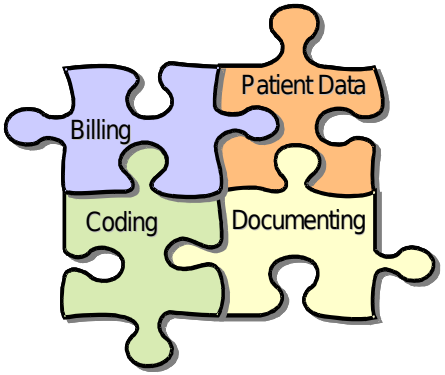


Responsibilities

- Review all documents and other information relevant to compliance activities.
- Assist the business office and internal review activities in conducting internal compliance reviews
  - Includes reviews of departments involved in the revenue cycle within the facility.

CORE COMPETENCIES

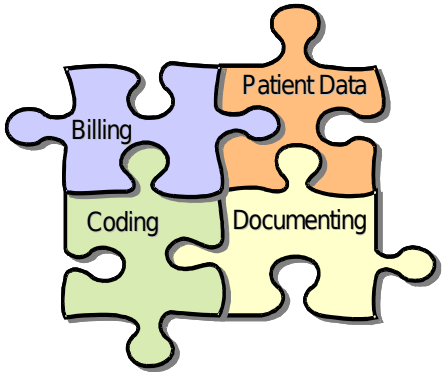
Compliance Officer



Responsibilities (cont'd.)

- Investigate issues related to compliance
  - Take corrective action and document as necessary
- Encourage reporting of suspected fraud, waste, abuse or mismanagement without fear of retaliation
- Ensure the separation of duties

Compliance Officer

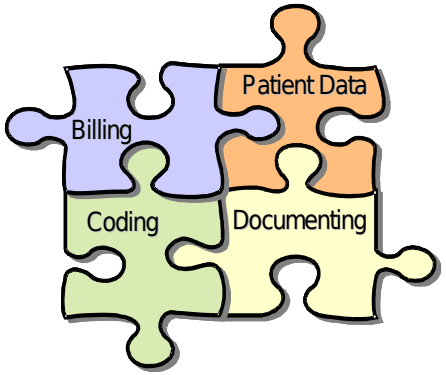


Responsibilities (cont'd.)

- Report to the MTF commander on progress of Compliance Program.
  - Include results of audits, investigations, employee discipline.

CORE COMPETENCIES

Compliance Committee

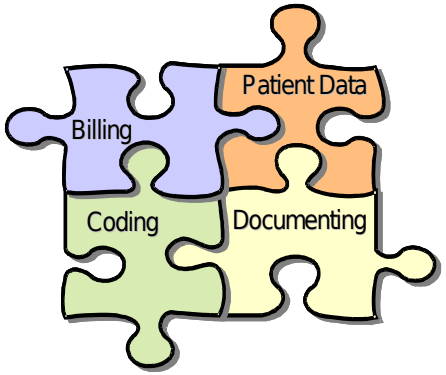


Composition

- Uniform Business Office
- The legal office
- Resource management
- Internal review
- Health information management
- Medical
- Nursing staffs
  - May also include other offices, such as Risk Management and Quality Assurance

CORE COMPETENCIES

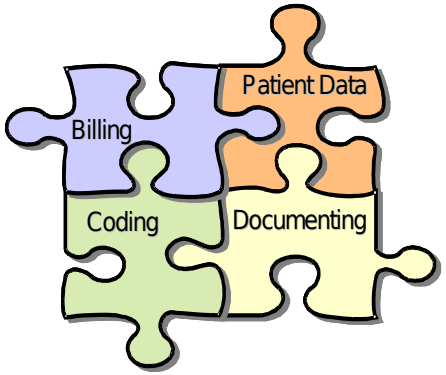
Compliance Committee



Responsibilities (cont'd.)

- Advise the Compliance Officer and assist in the implementation of the compliance program
  - Continually assess current policies and procedures to ensure compliance, relevance and practicability
  - Work with appropriate personnel to develop standards of conduct and policies and procedures to promote adherence to the facility's compliance program

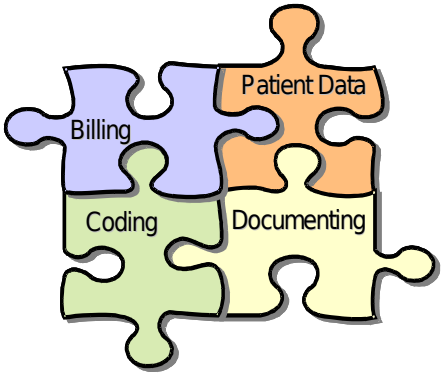
Compliance Committee



Responsibilities (cont'd.)

- Monitor internal controls to implement the program
  - Recommend changes as needed
- Ensure that periodic audits are performed
  - Claims development
  - Claims processing procedures
- Ensure that internal fiscal and administrative controls are implemented and adhered to

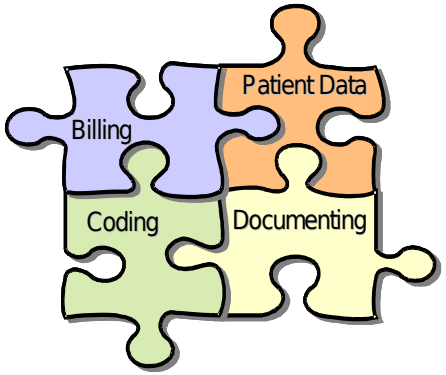
Compliance Training and Education



- Regular, effective business office compliance education and training programs
  - Periodic updates for all personnel involved in the business office.
  - All education and training shall be documented, including staff attendance.
- The Compliance Officer shall maintain documentation of training.

CORE COMPETENCIES

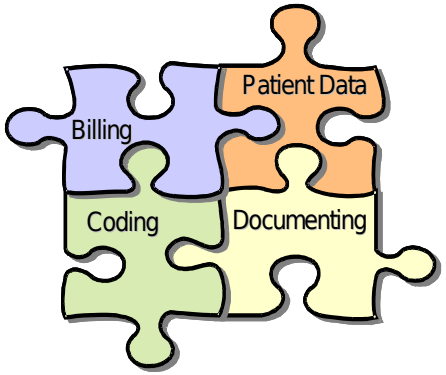
Compliance Training and Education



Topics

- Specific risk areas:
  - Summaries of fraud, waste, and abuse laws;
  - HIPAA privacy and security requirements;
  - Duty to report misconduct;
  - Coding requirements; and
  - Claims development and submission processes.

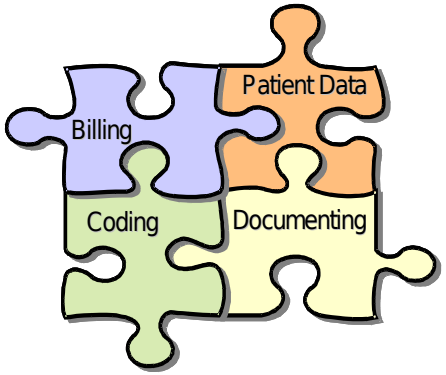
Responding to Complaints



- Well-developed, published, and effectively promoted guidelines against personnel who have violated internal compliance policies, applicable statutes, regulations or Federal healthcare program requirements.
  - Respond to allegations of improper or illegal billing activities
  - Enforce appropriate disciplinary action

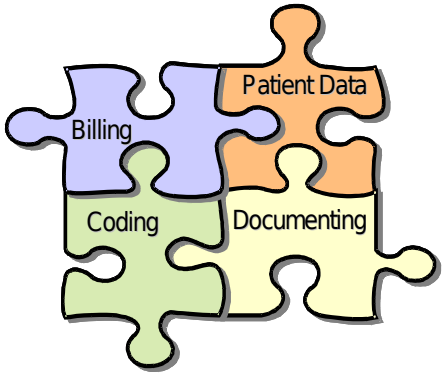
CORE COMPETENCIES

Responding to Complaints



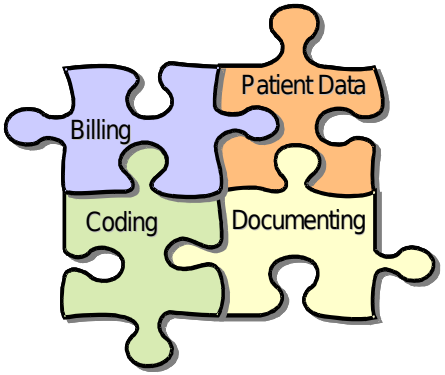
- Written confidentiality and non-retaliation policies
- Multiple independent reporting paths
  - DoD-IG
  - Service-IGs
  - MTF-IGs
  - Internal auditing activities at MTF
  - Service command levels

Responding to Complaints



- Multiple hotlines and other forms of confidential communication procedures must be readily available.
- There must be well-documented processes to receive reports and ensure the anonymity of the complainants.
- To the extent possible, provide feedback to the individual(s) reporting suspected fraud, waste, abuse, or mismanagement.

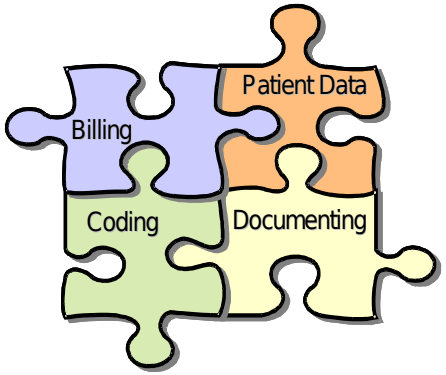
Enforcing Standards



- Include or reference the location of a written policy outlining the potential disciplinary actions for failing to adhere to compliance program policies and procedures.
- Include or reference applicable regulations, directives, instructions or other publications, including:
  - Levels of sanctions that may be imposed on any employee or contractor depending upon the degree of noncompliance
    - Sanctions may range from warnings to termination

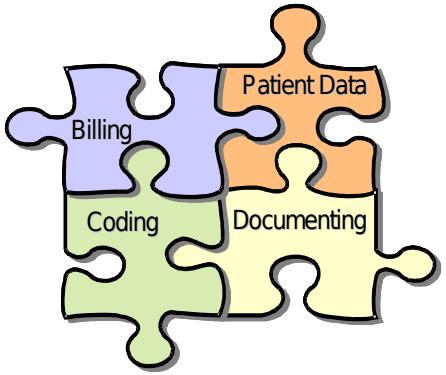
CORE COMPETENCIES

Enforcing Standards



- Identification of individuals responsible for imposing the sanction.
- Some noncompliant activities may warrant discipline by the department head.
  - Others may warrant discipline by the MTF commander.

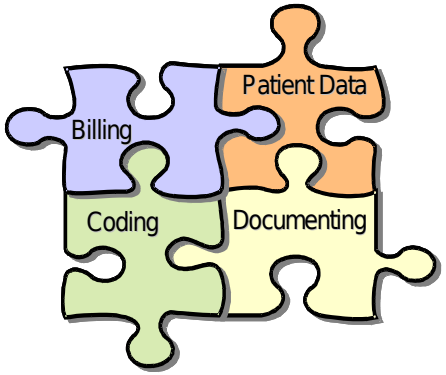
Auditing and Monitoring Activities



Business Office Audits

- Use the UBO Compliance Audit Checklist Template
- The MTF commander shall appoint an individual to audit and evaluate the MTF business office at least each fiscal quarter.
  - Disinterested officer, an NCO at the grade of E–7 or above, or a civilian of comparable grade
  - Evaluate MTF business office processes quarterly

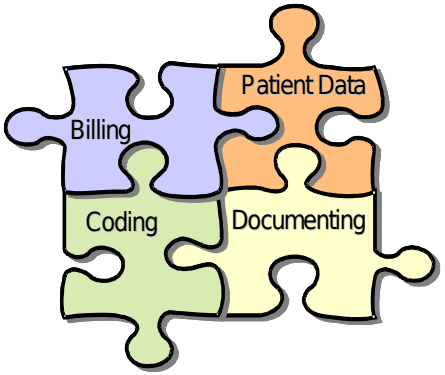
Auditing and Monitoring Activities



Business Office Audits (cont'd.)

- When a change occurs in the business office staff, the audit officer shall verify:
  - the security of funds;
  - accuracy and completeness of records; and
  - overall compliance with DoD and Service-specific policies and regulations.

Auditing and Monitoring Activities

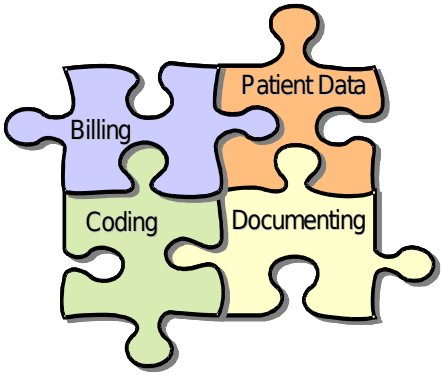


Business Office Audits (cont'd.)

- The audit officer shall use audits and other standardized key performance indicators to monitor compliance and assist in the reduction of identified problem areas.
  - error registration rates
  - identified credit balances

CORE COMPETENCIES

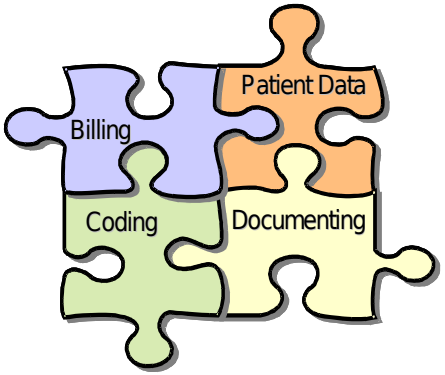
Auditing and Monitoring Activities



Coding and Billing Audits

- Each MTF shall implement a process to monitor and audit the accuracy of coding and billing on a regular basis.
- Audits shall be performed by someone other than the individual performing the task being audited.

Auditing and Monitoring Activities

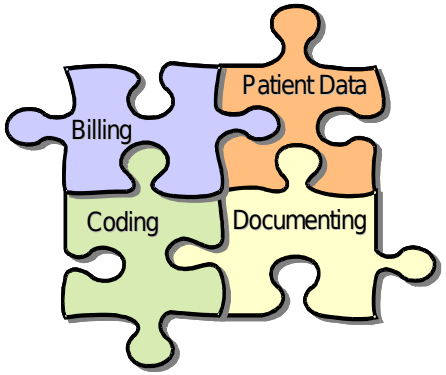


Coding and Billing Audits (cont'd.)

- The audit shall verify, at a minimum, that:
  - Requirements for storage and deposit of funds are met
  - Separation of functions is maintained
  - For example, the individual who posts accounts may not be the same person who collects and deposits funds
  - Individual change funds and local lock boxes are used

CORE COMPETENCIES

Auditing and Monitoring Activities

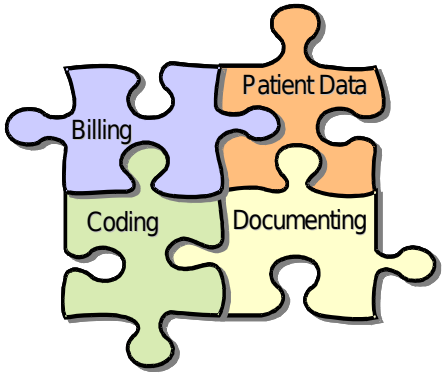


Coding and Billing Audits (cont'd.)

- Outstanding accounts are followed up appropriately and are transferred promptly
- All deposits are validated by a cash control machine or voucher number and the signature of the Financial Services Officer (FSO), Defense Accounting Officer (DAO), or Disbursing Officer (DO)
- Deposits agree with the automated system and the Cash and Sales Journal
- Postings to patient accounts shall equal amounts received and deposited

CORE COMPETENCIES

Auditing and Monitoring Activities

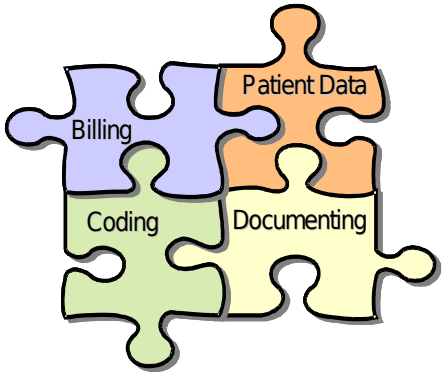


Coding and Billing Audits (cont'd.)

- Cash on hand agrees with the automated system and the Cash and Sales Journal
- MSA and TPC officers are appointed in writing
- All accountable forms are kept in a locked safe
- Claims transferred to the designated legal office are followed up in accordance with Service-specific guidance and regulations and are appropriately accounted for
- MSA and TPC accounts, records, and reports are reconciled with the automated system monthly

CORE COMPETENCIES

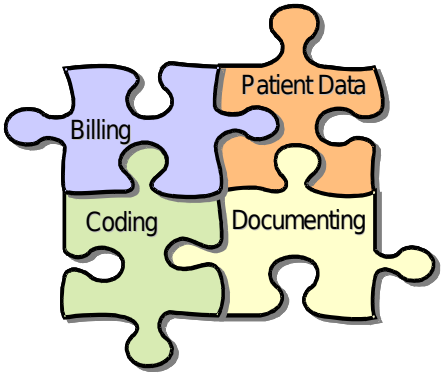
Responding to Offenses Corrective Action



DoD and Service-Specific Procedures

- Investigating alleged noncompliance, violations of applicable Federal laws, or other types of misconduct in accordance with established Federal guidelines.
- Prompt reporting of any offenses to the appropriate authorities in accordance with established Federal guidelines.
- Sending copies of all reports and subsequent actions taken to the UBO Service Manager.

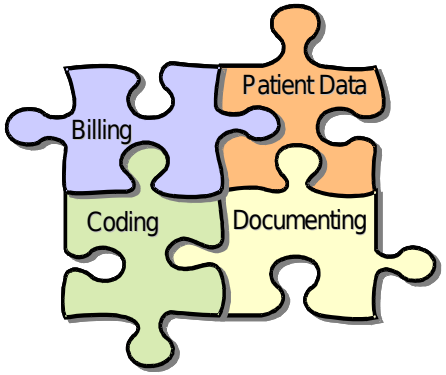
Summary



- Understand best practices for healthcare compliance.
- Understand the billing risk areas in MTFs.
- Know how to conduct audits.
- Know how to detect and respond to allegations of fraud, abuse or waste.

CORE COMPETENCIES

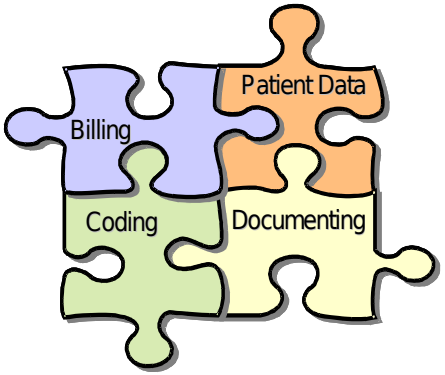
Questions?



- Robbi-Lynn Watnik
  - 703-575-1679
  - Robbi-Lynn.Watnik@altarum.org
- UBO Compliance Hotline
  - 703-575-5384

CORE COMPETENCIES

OHI
The Wheel of Fortune



Julia Sweny, Bernadette Tabhan, Maureen Collins,

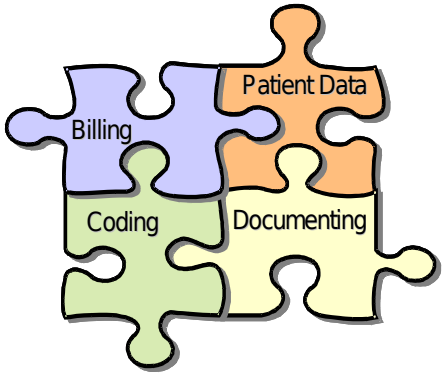
Arikah McClary, Kristina Pelky, Kara Noya, Stephanie Hall

Benefit Recovery

19 May 2005

Track 4, UBO

GOLF EQUIPMENT



Question:

What is the required compliance percentage for facility audits and why are they conducted?

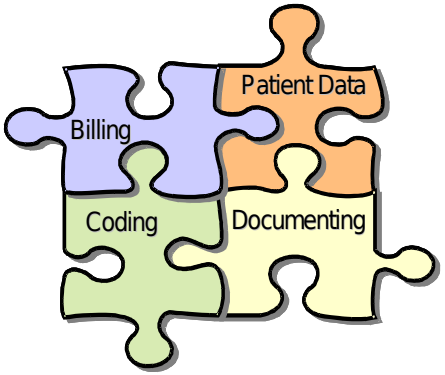
ANSWER:

A. 90% or better

B. So that a current DD Form 2569 is complete and filed in the record.

CORE COMPETENCIES

Prize!



A CRUISE

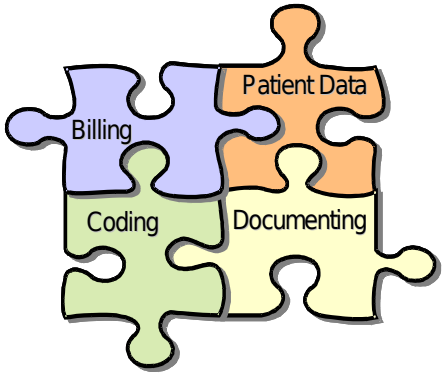
QUESTION:

My Commander wants to know the purpose of the 2569 audit?

ANSWER:

The purpose is to ensure there is a completed & current DD Form 2569 in the medical record per DoD regulation. The audit results provide a gauge to the facility measuring how well they are collecting 2569's, and identifies where other areas need additional training about the OHI Program. The ultimate goal is to capture OHI which will increase revenue.

GRAND PRIZE



QUESTION:

What information is provided to patients and clinic staff to educate them on the TPC program and who provides the materials?

ANSWER:

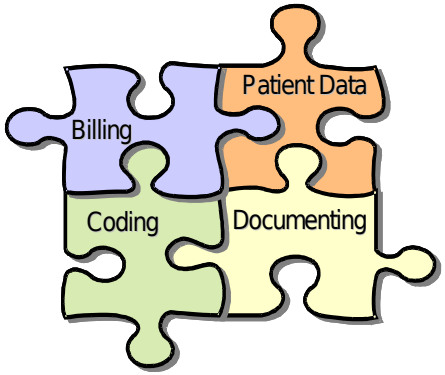
A. Handouts, pamphlets, posters throughout the facility, base paper, scrolling marquee, etc.

B. MTF provides the funds to purchase the materials.

CORE COMPETENCIES

Prize!

$100,000



QUESTION:

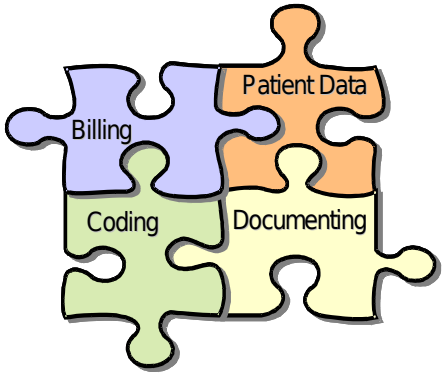
The staff at my clinics want to know why they have to "deal with" the DD Form 2569? Isn't that the TPC's job?

ANSWER:

Collection of the DD Form 2569 produces added revenue to the MTF for supplies, equipment, upgraded patient services and a host of extras for the MTF. Everyone benefits when everybody participates in the Program.

Prize!

A NEW CAR



QUESTION:

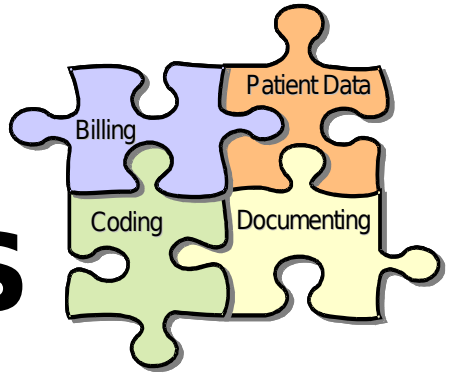
Why is the DD Form 2569 important to the Revenue Cycle?

ANSWER:

It identifies billable health insurance, which produces added revenue directly to the MTF.

Prize!

TRAVEL ACCESSORIES



QUESTION:

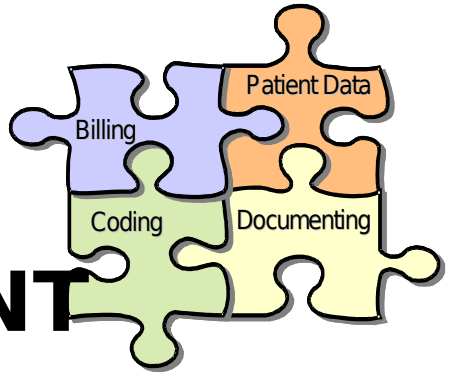
Is it true MTF's may be helping insurance companies become richer? How?

ANSWER:

Yes.

Insurance companies receive windfalls by collecting patient premiums, but are not being billed for services. That equals more $$ for the insurance companies and ZERO $ for the MTF.

GRAND PRIZE



LUNCH WITH THE PRESIDENT

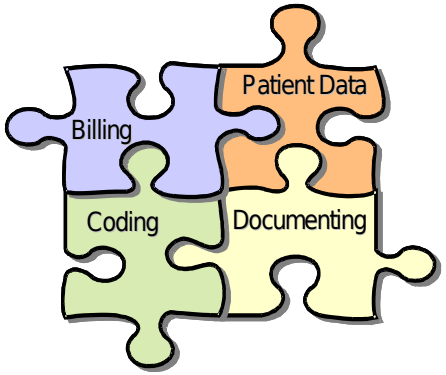
QUESTION:

How often should clinic personnel at the MTF be trained/ educated on the TPC Program?

ANSWER:

We recommend quarterly training sessions and /or as often as needed for the clinic to understand the program & its purpose.

Prize! EXTRA PAY DAY



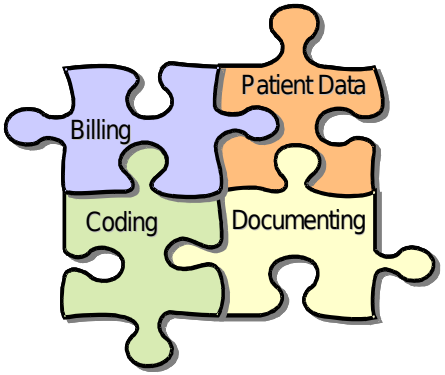
QUESTION:

Are copies or an unsigned DD Form 2569 in the medical record a valid form?

ANSWER:

No. It’s not a completed form

MYSTERY PRIZE



QUESTION:

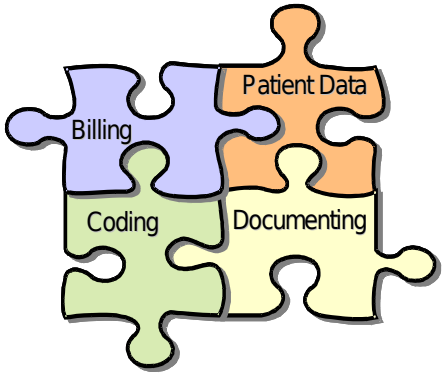
What population % is the MTF staff responsible to capture regarding OHI & DD Form 2569 at all entry points?

Bonus Question: What are the main entry points?

ANSWER:

100% Family Practice, Pharmacy (Main & Satellite), CIV ER, Inpatient, Lab & Rad Clinics and any other high traffic clinics.

MYSTERY PRIZE



QUESTION:

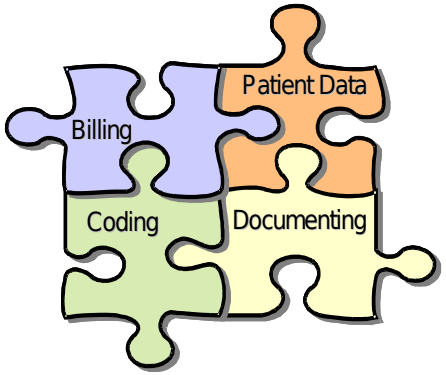
What is the #1 reason for missed or delayed billing opportunities for OHI?

ANSWER:

An incomplete or incorrect DD Form 256

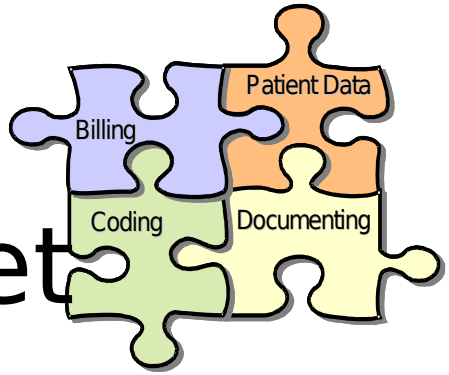
CORE COMPETENCIES

MYSTERY PRIZE



Audience Question with Free Spin!

Prize!



Sparkling Jewelry Gift Set

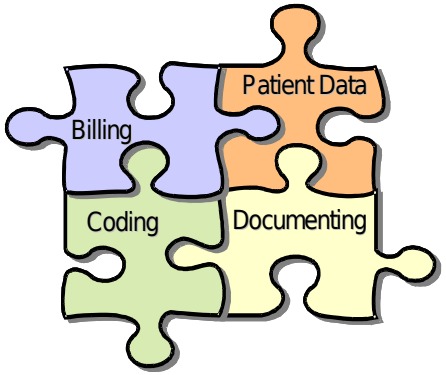
QUESTION:

What do I do if a patient refuses to complete a DD Form 2569?

ANSWER:

Great Training Opportunity! You explain the TPC program and its purpose. Alleviate their fears regarding any balance due and that it will not affect their coverage/premiums in any way, but will help meet their deductible and out of pocket while benefiting the MTF.

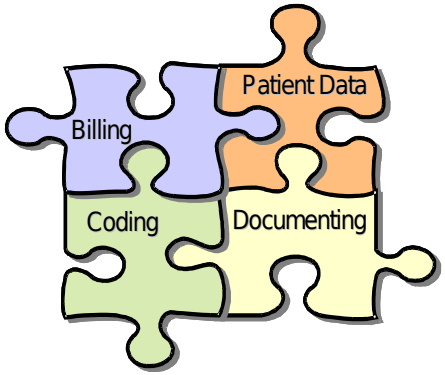
CORE COMPETENCIES



Wrap-Up, Tracks 1/2/3/4

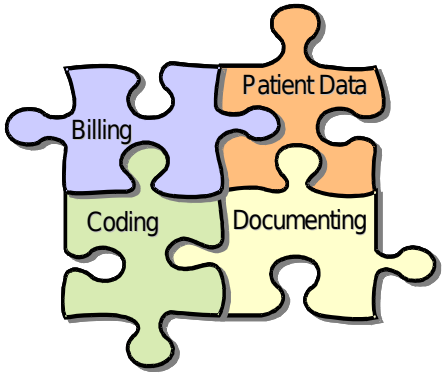
Lt Col Jeanne Yoder
UBO Program Manager
Thursday, 1300, 19 May 2005

Your Home Work



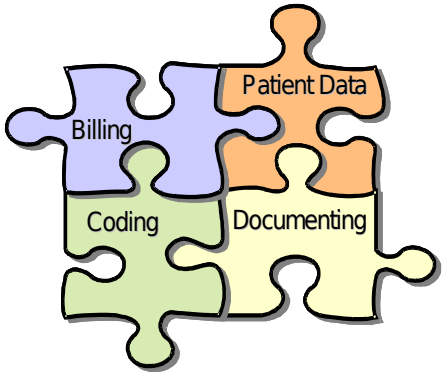
- Review/update your compliance plan
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

The Process – Provider New to Military Treatment Facility (MTF)



- Provider Specialty Code
- HIPAA Taxonomy
- Abbreviations
- Timeliness of completion of documentation/data entry in ambulatory data module (ADM)
- Institutional versus professional
- Introduce the provider to his coder

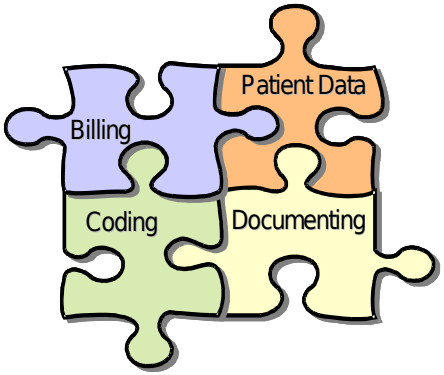
The Process – Sit Down One-On-One With Provider



- Document what you do, not just abnormals
- Document conditions/diseases that impact care
- ICD=diagnosis, medical necessity, reason for services
- CPT/HCPCS=what was done, supplies
  - Don’t get credit unless documented
  - Relative value units (RVUs)

CORE COMPETENCIES

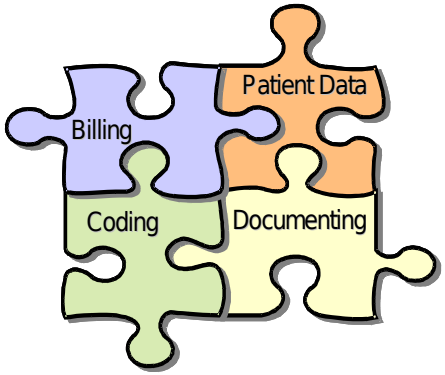
The Process – Sit Down One-On-One With Provider



- **Brief provider on how to document**
- Subjective Objective Assessment Plan
- S=HPI, ROS, P/F/S Hx
- O=Vital Signs, General, Body Systems
- A=What found
- P=What you did/and plan to do (e.g., TREAT FX)

- **Military unique issues**
- DoD Extender Codes
- Telephone Consults
- Services “downtown”
- Labs/Rads/EKGs/ vaccinations, in the clinic or not in the clinic

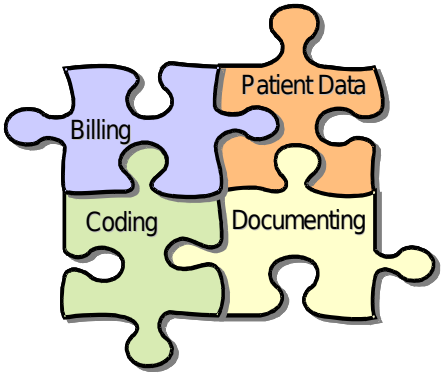
The Process – Sit Down One-On-One With Provider



- What they can dictate (e.g., H&P, operative reports, consults, D/C summary, MEBs)
- What must be in the operative report
- Reviewing and signing dictation, no “SBNR”
- Ours is a decentralized medical record, that the OB, Mental Health and Dental components are usually stored separately

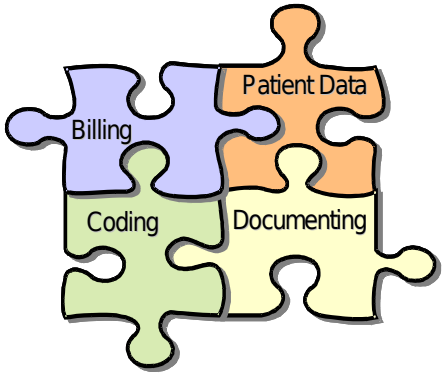
CORE COMPETENCIES

The Process – Sit Down One-On-One With Provider



- Layout of the 4 part medical record
- Documentation on the Summary Sheet counts if Summary Sheet current
- Auto fill function for diagnosis if used (usually only Mental Health and OB), must delete diagnoses not addressed/considered at that encounter
- Auto-negative function in CHCSII, must change if not addressed

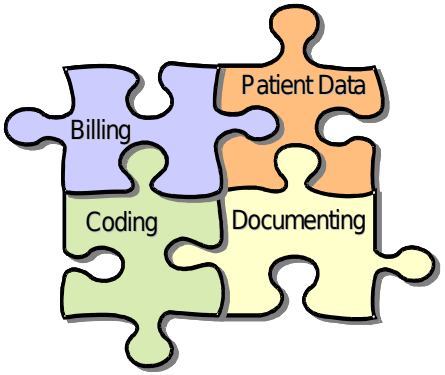
The Process – Sit Down One-On-One With Provider



- Difference between:
  - Consult and referral
  - Office visit and physical
  - New and established patient
  - Conscious sedation, monitored anesthesia care and anesthesia
  - Office visit and optometry/ophthalmology code
  - Telephone consult (workload does count) and telephone call (workload does not count)

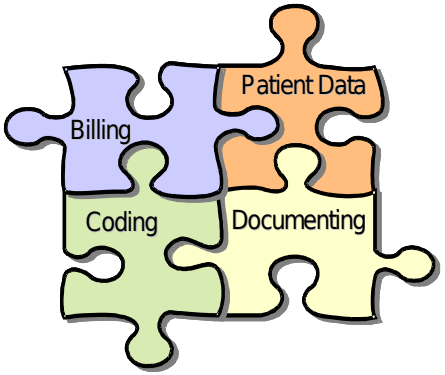
CORE COMPETENCIES

The Process – New Provider One Month Later



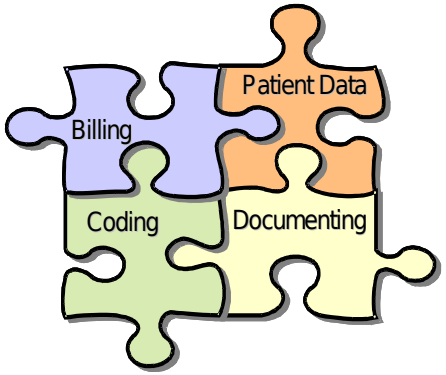
- Feedback and answer questions
  - Review audit findings one-on-one with the provider
  - "If you did this, you should have documented it, you would have had a 99213 instead of a 99212…"
  - Need to know right and left, which finger on which hand; need name of nurse helping with conscious sedation; did you replace the cast or not…

The Process – The Coding Audit



- Always provide individual feedback
  - If there were no findings, let him know, even if it is just a letter “Reviewed 10 of your encounters with no coding errors found.”
- If errors found that could be applicable to multiple specialties, brief at Professional Staff Meeting

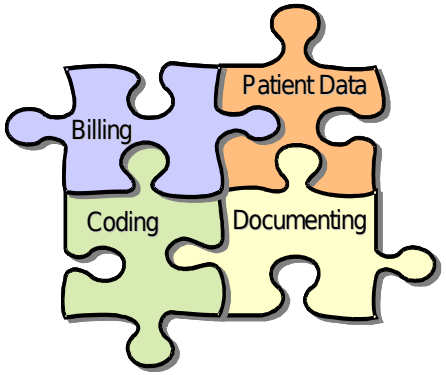
The Process – Brief at Professional Staff



- External Cause Of Injury Coding
- DoD Extenders to include Deployment Related
- Injury Logs, or at least the Injury/Accident flag
- Medical Affirmative Claims records must be back in file at end of duty day

CORE COMPETENCIES

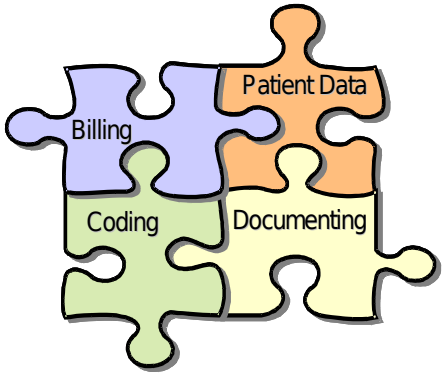
The Process – Patient is New To MTF



- Collect patient data to include DD Form 2569
  - Send form to UBO office for entry into CHCS
- Patient's address and telephone number (check and update every time the patient makes an appointment)
  - Update on DMDC web site

CORE COMPETENCIES

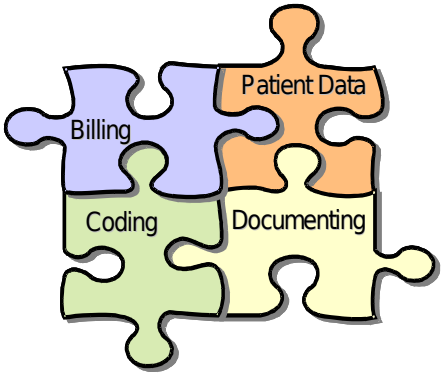
UBU Home Work



- Teach providers how to document
- Teach admission clerks and appointment clerks
  - PATCATs and how to change them for each encounter
  - Injury/Accident flag
- Audits – get the results of external audits from your Service POCs
- Audits – are not complete until there is provider feedback (both positive and how to improve)
- Get 5 minutes every month at Professional Staff for audit findings, new codes, documentation…
- Coding/documentation in-services

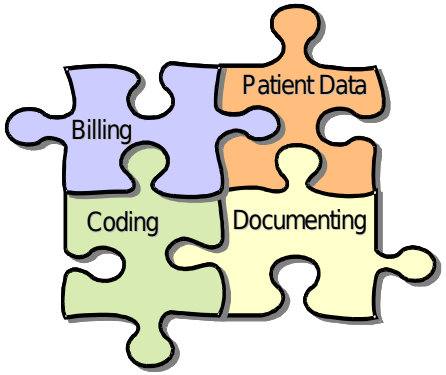
CORE COMPETENCIES

The Process – What Will Generate A Third Party Bill



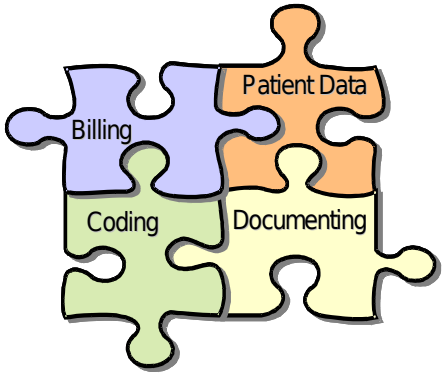
- NOTHING unless DD 2569 data is in CHCS
- Privileged provider visits, not technician visits
- CHCS Provider Specialty Code 000-901, except 900
- HIPAA taxonomy

The Process – What Will Generate A Medical Affirmative Claim (MAC)



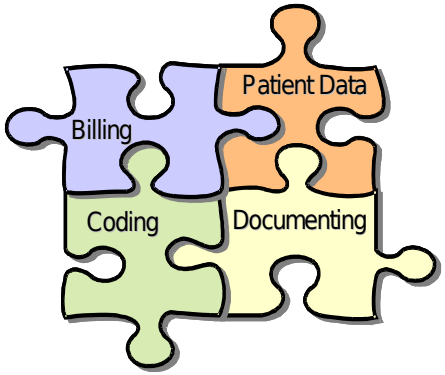
- Patient care due to injury caused by another party who has insurance, or by the patient who has insurance (e.g., single car accident)
- Injury Log
- Strong MAC program
- Claim data sent to Legal upon completion of care for that injury
- Understand use of ICD E-codes and follow-up codes

UBO Overview



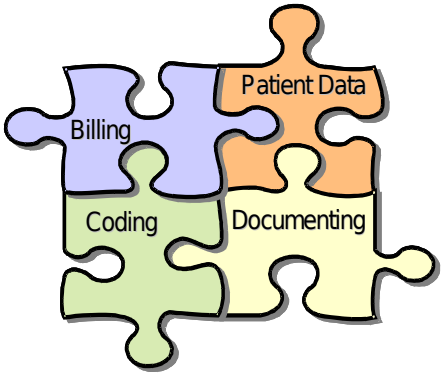
- 3 Major Cost Recovery Programs
  - Third Party Collection (TPC)
  - Medical Services Accounts (MSA)
  - Medical Affirmative Claims (MAC)
- Other Cost Recovery Program
  - Dept of Veterans Affairs Joint Venture

Electronic Billing



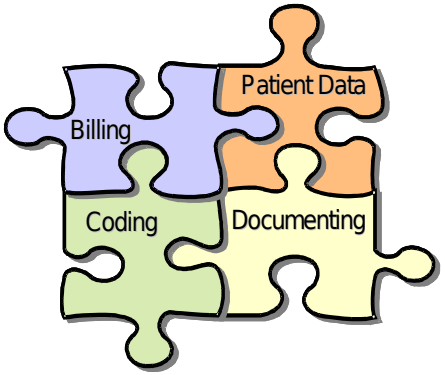
- Work with your credentials staff to ensure provider data are correct
- Costs less to process claim electronically
- Know that day if something is missing on the electronic claim
- Remittances faster
- No deductions because of using paper bills

Provider Specialty Code



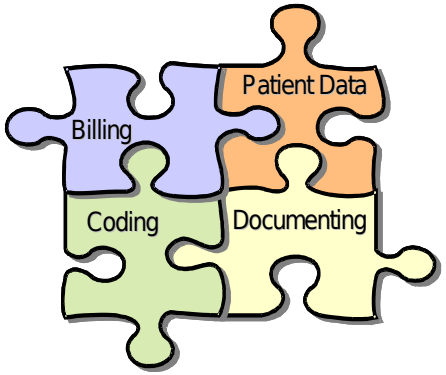
- Impacts TPC
  - Only generate bills for codes 000-901 (except 900)
  - If no provider specialty code (field left blank) – does not feed to Third Party Outpatient Collection System (TPOCS)
- Enter during provider inprocessing to the MTF and when status changes (e.g., resident to fully privileged provider)
- Work TPOCS edit list EVERY day

Correct PATCAT Classification



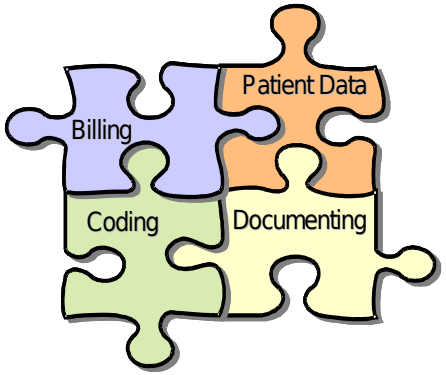
- Impacts Medical Services Accounts (MSA)
- Coast Guard = C, this care is billed back to the Coast Guard IF the PATCAT is correct
- Uniformed Services is more than the Army, Navy, Air Force and Marines
  - NOAA, PHS, Coast Guard
- Patients with multiple benefits
  - VA and DoD; Retired and Occupational Screening; Family Member and Reservist; DoD School and Retire/Family Member…

GAO Audit



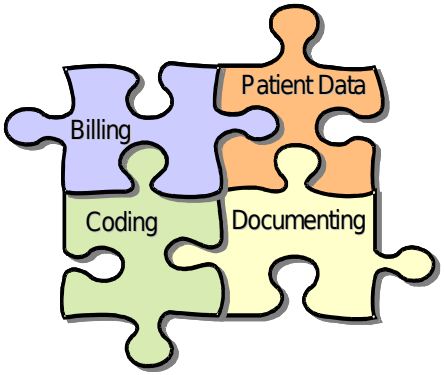
- 20 Feb 2004, MTF: Improvements Needed to Increase DoD Third-Party Collections, page 3, 1st and 2nd sentences
- "The single biggest obstacle to increasing collections, however, is inadequate identification of patients with third-party insurance. DoD does not have effective systems or processes for obtaining and updating insurance information for patients that have other health insurance coverage."

DD Form 2569



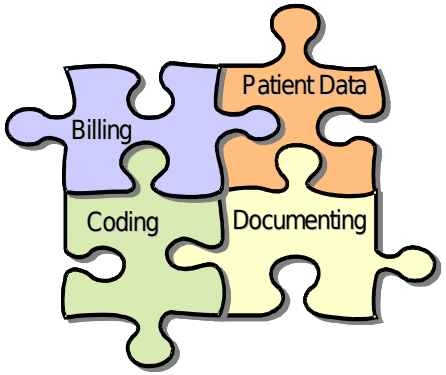
- DD Form 2569 - Third Party Collection Program – Record of Other Health Insurance
  - Also used for MSA
  - Current within past 12 months
  - The 2569 must be signed during each inpatient stay and APV visit
  - In outpatient medical record (which is why YOU need to start medical records at YOUR MTF for non-enrollees)
  - In CHCS (how system knows to feed data to TPOCS)

Injury Log



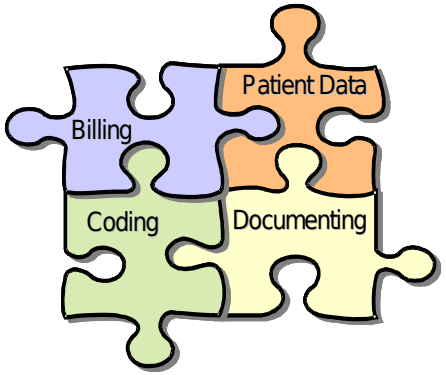
- Impacts Medical Affirmative Claims (MAC)
- Clinics (particularly Emergency Department and primary care clinics) need to identify patient's initial treatment for all injuries
- Clinic staff need to understand importance of using injury log
- Systems Change Request funded to have "Injury/Accident" prompt when making appointment and at patient check-in

Completed MAC



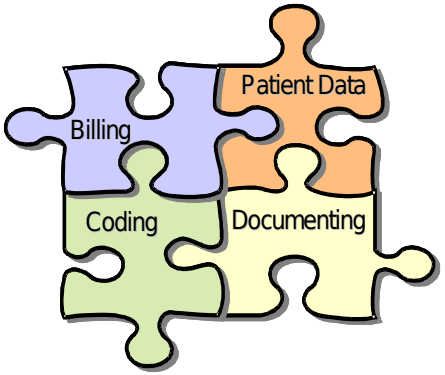
- If MAC patient is not seen for 30 days
  - Review CHCS for walk-in visits, t-cons, etc
  - Check last documented soaP (plan) for the injury
  - Ask provider if care is complete
- Generate bill and forward to legal

Cosmetic Surgery



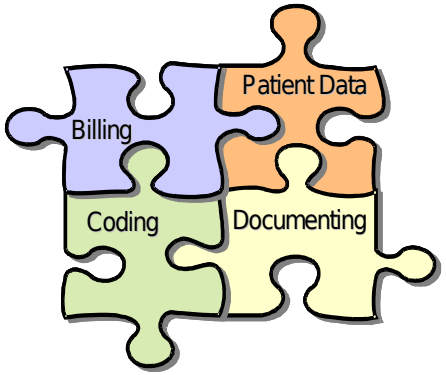
- NEW billing method with release of next rates package – contact your Service POC if you do cosmetic surgery billing and did not attend the class
- Impacts Medical Services Accounts (MSA)
- Be sure your clinicians know to send patients scheduled for cosmetic surgery to the MSA office
- Clinician determines if it is cosmetic surgery or reconstructive surgery

Accounts Receivable



- Impacts TPC, MSA
- Follow-up, follow-up, follow-up
- Congressional TPC Reporting
  - Inpatient: Claims/disposition, 10%
  - Inpatient: Collected to billed, 45%
  - Inpatient: Closed to billed, 60%
  - Outpatient: Collected to billed, 50%
  - Outpatient: Closed to billed, 45%

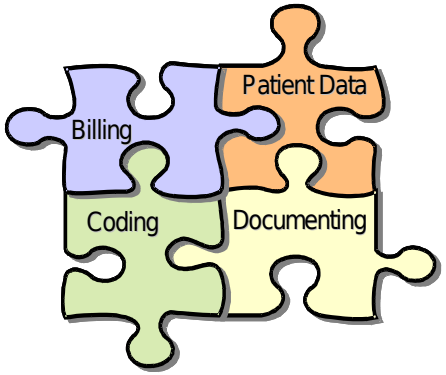
TPOCS Edit List



- Impacts outpatient TPC
- Work it every day
  - Once it is cleaned up, it is easy to keep it cleaned up

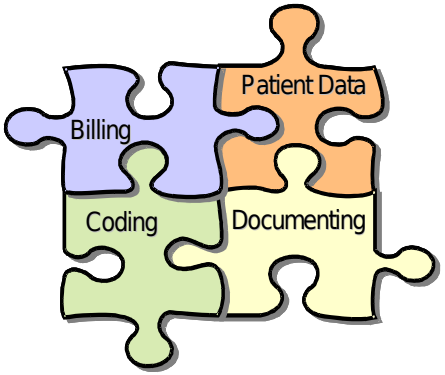
CORE COMPETENCIES

UBO Home Work



- UBO Priority List
- Electronic Billing
- Provider Specialty Code
- PATCAT
- DD Form 2569
- Injury Log
- Forward completed MAC packages to legal
- Accounts Receivable
- TPOCS edit list
- Cosmetic Surgery

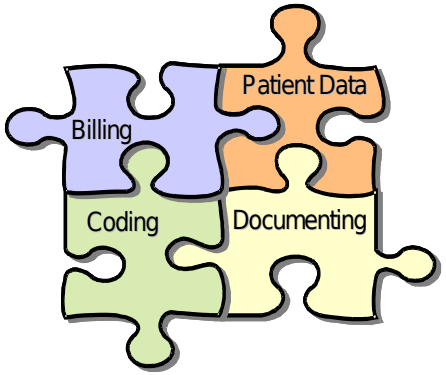
Coding



- Impacts TPC, MSA, MAC
- Review the new MHS Coding Guidance
- http://www.tricare.osd.mil/org/pae/ubu/default.htm
- Document what is done
- Code what is documented

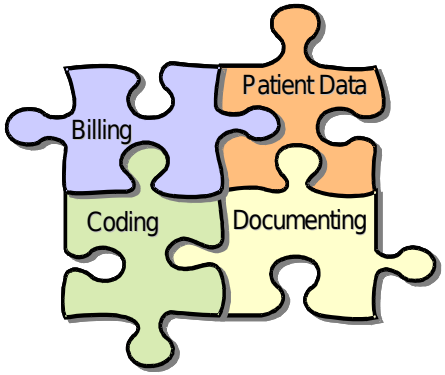
CORE COMPETENCIES

Objective



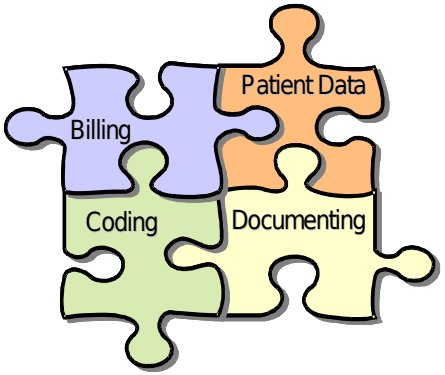
- Know how to increase MTF revenue
  - Provider Specialty codes in CHCS
  - Correct PATCAT codes
  - Cosmetic Surgery
  - DD Form 2569
  - Injury Log
  - Forward completed MAC packages to legal
  - Coding
  - TPOCS edit list
  - Accounts receivable management

Summary



- Review/update your compliance plan
- Training
- Billers – set up meeting with your coders, understand why bills are denied for coding reasons
- Coders – go talk with billers, find out the coding problems, figure out solutions, implement; denied bills are errors you find without needing to audit

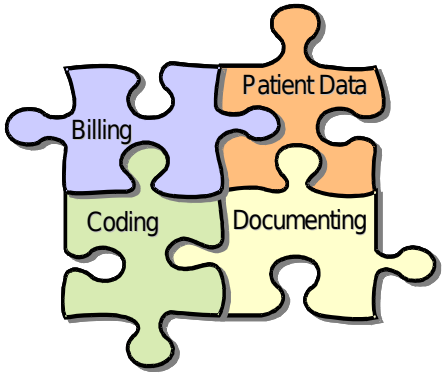
BOTTOM LINE:



- Have a safe trip home
- Share what you have learned

CORE COMPETENCIES

Questions



- Fill out your class comment forms
- Comments improve future classes
- Turn in comment form for a CD with all the class briefings – excellent to use as teaching component of your compliance plan
- At the same time, pick up your course participation form
- Keep your handouts with comments for Continuing Education documentation
- Next class: Service Breakouts